

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/26/03.

## **I. DISPUTE**

Whether reimbursement is recommended for dates of service 01/07/03 through 05/01/03.

## **II. FINDINGS**

Date of service 01/07/03 for CPT code 95851 has been paid per new Table of Disputed Services dated September 2nd, 2003, and will not be reviewed.

## **III. RATIONALE**

Requestor billed \$36.00 for CPT code 95851 carrier made no payment and services were denied as "F-204-Not according to Treatment guidelines. A separate service/supply and other related service were billed on the same day. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit.

Therefore, reimbursement is not recommended.

Requestor billed \$36.00 for conductive paste/Gel and carrier reimbursed \$9.26 leaving \$26.74 in dispute for the dates of service 01/14/03 and 04/24/03. Carrier denied services for CPT code A4558 as "M-Reduced to fair and Reasonable. Allowance for this procedure was made at the 'fair and reasonable' amount for this geographical area." The requestor did not submit relevant information, in the form of redacted EOBs that supports their fair and reasonable rate of reimbursement per MFG MGR (IV) 133.307 (g)(3).

Therefore, reimbursement is not recommended.

Requestor billed \$43.00 for CPT code 97250 and carrier made no reimbursement. Carrier denied services with "F" without any further explanation. Relevant information indicates that 1 body area was tested for the date of service in dispute per MFG MGR (I)(E)(3).

Therefore, reimbursement **is** recommended in the amount of **\$43.00**.

Requestor billed \$48.00 for CPT code 99213 for the date of service 01/21/03 and carrier made no reimbursement. Carrier denied services as "D-Duplicate charge. These services/charges have been previously reviewed and payment recommended on another analysis. Returned as a duplicate bill." Carrier indicates on the submitted EOB dated 03/25/03 "Charges of \$48.00 were paid on 03-20-03 CK# 001334." Based on this information, indicating CPT code 99123 was paid, reimbursement is not recommended.

#### **IV. FINDINGS & DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97250. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$43.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision are hereby issued this 4th day of May 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb